

# **PETITION TO MODIFY LEGAL DECISION MAKING (CUSTODY), PARENTING TIME (VISITATION) and CHILD SUPPORT**

# **1**

**To Change an  
Existing Court Order**  
(Forms Packet)

**NOTICE:** This process requires calculation of child support. To calculate child support, you may use the online calculator through ezcourtforms, the packet titled “Calculate Child Support”, or you may make an appointment with the Clerk of Court to calculate support for you for a fee.

## SELF-SERVICE CENTER

### PETITION TO CHANGE a COURT ORDER FOR CHILD CUSTODY, PARENTING TIME and CHILD SUPPORT CHECKLIST

*You may use the forms and instructions in this packet if . . .*

- ✓ You want to file court papers to change legal decision making (custody), parenting time and child support, **AND**
- ✓ You do not wish to or cannot submit an AGREEMENT to this change signed by you and the other party, **AND**
- ✓ The court order that you want to change is a Maricopa County Order, **AND**

**One or more of the following has occurred:**

- ✓ Domestic violence, spousal abuse, or child abuse has occurred since the custody order was signed, **OR**
- ✓ The minor child(ren)'s present surroundings may endanger the minor child(ren)'s physical, mental or emotional health, **OR**
- ✓ The *joint legal decision making (custody) order* that you want to change was dated at least six months ago *and the other party has failed to comply with the provisions of the joint custody order*, **OR**
- ✓ The order that you want to change was dated at least one year ago and it is in the minor child(ren)'s best interest to make a change to that order.

**WARNING:** If the order you want to change is not from this county, ask a lawyer about the requirements to file your Petition (Request) with this Court.

**READ ME:** Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

## SELF-SERVICE CENTER

# TO CHANGE A COURT ORDER FOR LEGAL DECISION MAKING (CUSTODY), PARENTING TIME and CHILD SUPPORT

### (FORMS ONLY)

This packet contains court forms and instructions to file to change a court order for legal decision making (custody), parenting time and child support. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# Pages
1	DRMC1k	Checklist: "You may use these forms if . . . "	1
2	DRMC1ft	Table of Contents (this page)	1
3	DRMC11f	<b>"Petition to Modify Legal Decision Making (Custody), Parenting Time and Child Support"</b>	4
4	DRMC12f	<b>"Notice of Filing Petition for Modification of Legal Decision Making (Custody)"</b>	1
5	DRMC16f	<b>"Request for Order Granting or Denying Hearing"</b>	2
6	DRS12f	<b>"Child Support Worksheet"</b>	1
7	DRCVG13f	<b>"Affidavit Regarding Minor Children"</b>	3
8	DRS88f	<b>"Current Employer Information Sheet"</b>	1
9	DRSW82f	<b>"Order Stopping Income Withholding Order"</b> (if applicable)	1

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Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
**Petitioner** (in original case)

Case Number: \_\_\_\_\_

ATLAS Number: \_\_\_\_\_

\_\_\_\_\_  
**Respondent** (in original case)

### PETITION TO MODIFY LEGAL DECISION MAKING (CUSTODY), PARENTING TIME and CHILD SUPPORT

I, \_\_\_\_\_ am the ☐ Petitioner or ☐ Respondent  
(print your name) and make the following statements to the Court:

#### GENERAL INFORMATION:

##### 1. Information about Me

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How I am related to minor child(ren) for whom the LEGAL DECISION MAKING(CUSTODY) / PARENTING TIME order should be changed: ☐ **Mother** or ☐ **Father**

##### 2. Information about the Other Party(ies)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How the other party is related to minor child(ren) for whom the LEGAL DECISION MAKING (CUSTODY)/PARENTING TIME order should be changed: ☐ **Mother** or ☐ **Father**

##### 3. Information About the Minor Child(ren) for whom I want the order changed:

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

4. **Affidavit Regarding Minor Children.** ☐ The minor children have resided in Arizona since the entry of the last Arizona Legal Decision Making (Custody) Order **OR** (if not) ☐ I have attached an "Affidavit Regarding Minor Children".

5. **Information about the Order I want to change:**

The Order was issued on: \_\_\_\_\_ (Month/Day/Year)

The Order was issued by: \_\_\_\_\_ (Name of Court)

Located in this County: \_\_\_\_\_

Located in this State: \_\_\_\_\_

And each of the following is a true statement:

- The minor child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition or since birth, if younger than six (6) months.
- If the Order was not issued by the Superior Court of Arizona in this county, the case has already been transferred to this county and has a Maricopa County case number.

**WHAT THE ORDER NOW SAYS:** Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary) \_\_\_\_\_

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6. **DOMESTIC VIOLENCE.** (If you are requesting a change to joint legal decision making (custody), there must not be "significant" domestic violence. A.R.S. § 25-403.03)

☐ No significant domestic violence has occurred or ☐ domestic violence has occurred. Explain:

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7. **WHY THE DECREE/ORDER SHOULD BE CHANGED:** These are my reasons why I believe that a change of legal decision making (custody) and/or parenting time is in the best interest of the child(ren) (Use extra pages if necessary):

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8. **MEDIATION / ADR** (Alternative Dispute Resolution) **REQUIREMENTS IN PRIOR ORDER:**

☐ The current Court Order *does not require* the parties to pursue Mediation or ADR before filing to modify legal decision making (custody) or parenting time. **OR**

☐ The current Court Order *does* require the parties to pursue Mediation or ADR before filing to modify legal decision making (custody) or parenting time, and this is what I/we have done to comply with that requirement:

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**REQUESTS I MAKE TO THE COURT:****A. LEGAL DECISION MAKING (CUSTODY) AND PARENTING TIME.**

- ☐ **Joint Legal Decision Making (Custody).** I want the mother and father to be awarded joint legal decision making (custody) of the minor child(ren)

\_\_\_\_\_  
(names of children)) subject to a Parenting Plan addressing primary residential parenting to be submitted later. **OR**

- ☐ **Sole Legal Decision Making and Physical Custody.** Sole legal decision making (custody) of

\_\_\_\_\_  
(name(s) of minor child(ren))  
should be awarded to ☐ **Mother** ☐ **Father** and/or sole legal decision making (custody) of  
\_\_\_\_\_  
(name(s) of child(ren))  
should be awarded to ☐ **Mother** or ☐ **Father**, *subject to* parenting time as follows:

1. ☐ **Reasonable parenting time** to the parent who does not have legal decision making (custody) according to the \_\_\_\_\_ County Parenting time Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have legal decision making (custody) according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father**  
Supervised parenting time or no parenting time is requested for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. CHILD SUPPORT.** ☐ **Mother** or ☐ **Father** should pay child support to ☐ **Mother** or ☐ **Father** in the amount of \$ \_\_\_\_\_ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached ***“Child Support Worksheet.”*** All child support payments should be made through the Child Support Clearinghouse, and will be subject to an applicable statutory fee through an automatic Income Withholding Order.

**C. MEDICAL, DENTAL, VISION CARE**

- ☐ **Mother** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.  
☐ **Father** should be responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Medical, dental, and vision care insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached and incorporated by reference. The party ordered to pay \_\_\_\_\_ must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims.

**Non-Covered Expenses.** Petitioner is ordered to pay \_\_\_\_\_ %, AND Respondent is ordered to pay \_\_\_\_\_ % of all reasonable uncovered and/or uninsured medical, dental, vision care, prescription and other health care charges for the minor child(ren), including co-payments.

Case No. \_\_\_\_\_

**D. FEDERAL INCOME TAX DEDUCTION.**

The right to claim the minor child(ren) as a deduction for Federal income tax purposes should be divided as follows: **Person entitled to claim:** "M" for Mother, "F" for Father.

Claim by:	Name of Child	Starting Tax Year:
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other

**E. OTHER ORDERS.** I request further Orders relating to this matter as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. DECLARATION UNDER PENALTY OF PERJURY**

**UNDER OATH OR BY AFFIRMATION**

**I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

Sworn to or Affirmed before me  
this \_\_\_\_\_

(Date)

by \_\_\_\_\_

Printed Name

My Commission Expires:  
(or  
Seal below) \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or ☐ Notary Public

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Respondent

### NOTICE OF FILING PETITION FOR MODIFICATION OF LEGAL DECISION MAKING (CUSTODY) (A.R.S. § 25-1035)

A Petition for Modification of Legal Decision Making (Custody) has been filed. A copy of the petition and/or affidavits is served on you with this Notice.

If you do not want a modification order taken against you without your input, you must file a response in writing with the court within twenty (20) days from the date of service. A copy of each response document shall be provided to the applicant's attorney or, if unrepresented, the applicant and to the assigned division.

No sooner than five (5) days after expiration of the time permitted for the filing of the response, either party or attorney shall provide a Request for Order Granting or Denying Legal Decision Making (Custody) Hearing to the assigned division. The court shall determine whether a legal decision making (custody) hearing should be granted. A copy of the court's determination shall be mailed by the court to all persons entitled to notice.

**Requests for reasonable accommodation for persons with disabilities must be made to the office of the judge or commissioner assigned to the case, at least five (5) days before your scheduled court date.**

Signed and sealed this date: \_\_\_\_\_

**MICHAEL K. JEANES, CLERK OF SUPERIOR COURT**

By: \_\_\_\_\_  
Deputy Clerk



Person Filing: (1) \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY<sup>(2)</sup>

### PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent: \_\_\_\_\_ (4) ATLAS: \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Physical Custody:

Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<u>FATHER</u>	<u>MOTHER</u>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
<b>Basic Child Support Obligation</b>	(16) \$ _____	
<b>Plus Costs for:</b>		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) \$ _____	
Total Child Support Obligation	\$ _____ (23)	\$ _____

Case No. \_\_\_\_\_

	<b>FATHER</b>		<b>MOTHER</b>
<b>Each Parent's % of Combined Income</b>	_____ % (24)		_____ %
<b>Each Parent's Share of Tot. Support Obligation</b>	\$ _____ (25)		\$ _____
<b>Adjustment for Non Custodial Parent's Costs Associated with Parenting Time</b>			
<b>Using Table A</b> <input type="checkbox"/> <b>Table B</b> <input type="checkbox"/>	\$ _____ (26)		\$ _____
<b>No. of Days</b> _____ <b>=</b> _____ <b>% Adjustment</b> (from table)			
<b>x Line (16)</b> \$ _____ (Basic Child Support Obligation)	\$ _____ (27)		\$ _____
 <b>Less Noncustodial Parent's Costs for:</b>			
Medical/Dental/Vision Insurance*	\$ _____ (28)		\$ _____
Childcare*	\$ _____ (29)		\$ _____
Education Expenses*	\$ _____ (30)		\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____ (31)		\$ _____
*Subtract here <u>ONLY</u> if ADDED-IN items 17-20 above			
<b>Adjustments Subtotal</b>	\$ _____ (32)		\$ _____
<b>Preliminary Child Support Amount</b>	\$ _____ (33)		\$ _____
<b>Self Support Reserve Test for Parent Who Will Pay</b>			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount <b>- \$903.00</b>			
<b>Total</b>	<b>= \$ _____ (34)</b>		<b>\$ _____</b>
 <b>Child Support to be Paid by: Father</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>\$</b> <span style="border: 1px solid black; padding: 2px 20px;"> </span> <b>(35)</b> <b>\$</b> <span style="border: 1px solid black; padding: 2px 20px;"> </span>			
<b>Share of Travel Expenses Related to Parenting Time*</b>	_____ % (36)		_____ %
*Only for expenses related to travel over 100 miles, one way.			
<b>Share of Medical/Dental/Vision Costs Not Paid by Insurance</b>	_____ % (37)		_____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Petitioner

Case No. \_\_\_\_\_

ATLAS No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

### REQUEST FOR ORDER GRANTING OR DENYING A LEGAL DECISION MAKING (CUSTODY) HEARING A.R.F.L.P. 91(D)(5)

A petition to modify custody was filed on this date: \_\_\_\_\_ and the  
(Month/Day/Year)

***"Petition"*** and ***"Notice of Filing Petition to Modify Legal Decision Making (Custody)"*** were  
served on the date below:

\_\_\_\_\_  
(Month/Day/Year) Twenty-five (25) days (or more) have passed since service.

**I hereby request the Court issue an order granting or denying a legal decision making  
(custody) hearing on this matter.**

**A copy of this request has already been sent or delivered to the other party and to the  
assigned Judge or will be sent or delivered today.**

**I state to the Court under penalty of perjury that the contents of this document are true  
and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Person Filing: \_\_\_\_\_

Address (if not protected): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

ATLAS Number: \_\_\_\_\_

Lawyer's Bar Number: \_\_\_\_\_

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

\_\_\_\_\_  
Name of Petitioner

Case Number: \_\_\_\_\_

ATLAS Number: \_\_\_\_\_  
(if applicable)

\_\_\_\_\_  
Name of Respondent

### AFFIDAVIT REGARDING MINOR CHILDREN

**NOTICE:** This "*Affidavit Regarding Minor Children*" is required for all legal decision making (custody) cases. If you are asking to modify an existing Arizona legal decision making (custody) order, it is only required if the children have lived outside the state at some time in the last 5 years.

Fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

- 1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS (or since birth, if younger than 5).**

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Lived with: \_\_\_\_\_

City, State: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Lived with: \_\_\_\_\_

City, State: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Lived with: \_\_\_\_\_

City, State: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE LEGAL DECISION MAKING (CUSTODY) AND/OR PARENTING TIME OF THE MINOR CHILD(REN).** (Check one box.)

☐ I have or ☐ I have **not** been a party/witness in court in this state or in any other state that involved the legal decision making (custody) and/or parenting time of the child(ren) named above. (If so, explain on separate paper. If not, go on.)

Name of each child: \_\_\_\_\_

Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

How the child is involved: \_\_\_\_\_

Summary of any Court Order: \_\_\_\_\_

Case No. \_\_\_\_\_

**4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE LEGAL DECISION-MAKING AUTHORITY (CUSTODY) OF THE MINOR CHILD(REN).**

(Check one box.)

☐ I do have or ☐ I do not have information about a legal decision making (custody) court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: \_\_\_\_\_

Name of Court: \_\_\_\_\_ Court Location: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

How the child is involved: \_\_\_\_\_

Summary of any Court Order: \_\_\_\_\_

**5. LEGAL DECISION-MAKING (CUSTODY) OR PARENTING TIME CLAIMS OF ANY PERSON.** (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims legal decision-making (custody) or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: \_\_\_\_\_

Name of person with the claim: \_\_\_\_\_

Address of person with the claim: \_\_\_\_\_

Nature of the claim: \_\_\_\_\_

**OATH OR AFFIRMATION AND VERIFICATION**

**I swear or affirm that the information on this document is true and correct under penalty of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk or Notary Public

# **CURRENT EMPLOYER\* INFORMATION**

You may also fill out this form online at the Family Support Center Website.

For Clerk's Use Only

## **THIS FORM MUST BE COMPLETED FOR:**

- ☐ **AN INCOME WITHHOLDING ORDER**  
☐ **ORDER TO STOP AN INCOME WITHHOLDING ORDER**  
☐ **NOTIFICATION OF A CHANGE OF EMPLOYER (*or OTHER PAYOR*)**

**CASE NUMBER:** \_\_\_\_\_ **ATLAS NUMBER:** \_\_\_\_\_

**NAME OF PERSON ORDERED TO MAKE PAYMENTS:**

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**LIST THE NAME OF THE EMPLOYER\* AND THE ADDRESS OF THE PAYROLL OR FINANCIAL DEPARTMENT** (for the person named above) **WHERE THE INCOME WITHHOLDING ORDER OR STOP ORDER SHOULD BE MAILED.**

**EMPLOYER\* NAME:** \_\_\_\_\_

**PAYROLL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER\* TELEPHONE:** \_\_\_\_\_

**EMPLOYER\* FAX:** \_\_\_\_\_

***\*or other payor or source of funds***

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**FOR COURT USE ONLY. DO NOT WRITE BELOW THIS LINE.**

**WA/FSC**

WA/LOG ID:	_____
TYPE OF W/A	_____
DATE	_____
AMOUNT OF ORDER	_____
EMPLOYER STATUS	_____
ENTERED BY	_____
NEW W/A	_____
AG	_____
SUB	_____
DCSE	_____

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) \_\_\_\_\_  
Petitioner in Original Case

(3) Case No. \_\_\_\_\_

(2) \_\_\_\_\_  
Respondent in Original Case

(4) ATLAS No. \_\_\_\_\_

**ORDER STOPPING INCOME WITHHOLDING  
ORDER (AND ALL MARICOPA COUNTY SUPPORT  
ORDERS)  
A.R.S. § 25-504**

To the employer(s) or other payor(s) of:

(5) Name: \_\_\_\_\_ SSN : \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE. COURT PERSONNEL WILL COMPLETE THE FORM.

IT IS ORDERED stopping the *Income Withholding Order* dated (6) \_\_\_\_\_, with the same case number as in (3) above. The employer(s) or other payor(s) is/are ordered to stop withholding monies pursuant to the *Income Withholding Order* immediately upon receipt of this Order.

IT IS FURTHER ORDERED terminating all Maricopa County child support and/or spousal maintenance orders in this case number and declaring all child support and/or spousal maintenance orders fully paid and satisfied, including all past due support, arrearage judgments and interest.

IT IS FURTHER ORDERED that the Support Payment Clearinghouse shall release any monies currently in its possession and future monies received to the obligor (the person ordered to pay).

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer